

OBESITY PREVENTION PROGRAM

Arizona Department of Health Services

Healthcare Workgroup Summary

July 1, 2004

Attendance – 25 people

Welcome by ADHS

The purpose of this second workgroup meeting was to build on previous work by adding strategies, identifying criteria, and selecting strategies by a dot selection process. We reviewed the program's vision, mission and goals as well as previously determined group scope of work, ground rules, plan elements and timelines (all of which can be found in May's workgroup summary).

We were hoping to announce the members of the Obesity Prevention Program Advisory Team, however were not able to do so. While we appreciate the volunteers who did come forward, we are in need of some more diversity in our group; therefore we are still looking for more volunteers to serve our program in this capacity. If you are interested, please contact your staff liaison. When we have a slate of candidates, we will need to present them to our Director, Cathy Eden, for approval.

The staff liaison identified some elements that are important to keep in mind as we move through the process of writing the comprehensive state plan including the Social Ecological Model, Social Marketing, Centers for Disease Control and Prevention criteria for the grant and the concept of a state plan vs. a state health department plan.

All workgroup participants received a handout from the Washington State plan that outlines the Social Ecological Model. The model includes five spheres of influence that in turn affect each other. They include individual, interpersonal, institutional/organizational, community and public policy. Interventions should be based on this model, which focuses on the behavior choices of each individual as well as situations/factors within each sphere that can influence that behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels. ***If you did not attend the workgroup, you can get the handout at the next meeting.***

We also wanted to introduce the idea of social marketing to the workgroups. Social marketing is the application of commercial marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience. Social marketing planning can be used to address health issues at all levels of the social-ecological model. Rather than dictating the way that information is being conveyed from the "top down", public health is using social marketing to listen to

the needs and desires of the target audiences themselves and building the programs from there.

All workgroup participants also received a handout on the criteria outlined by the Centers for Disease Control and Prevention for the grant. ***You can view this separately online along with the summaries.*** These are things we have to keep in mind while moving forward with the plan.

Lastly, we wanted to re-emphasize how important it is to have buy-in from workgroup participants and local grassroots leaders. A state plan requires some of the planning and work to come from the state agency, but the bulk of the work is at the local level. It is therefore essential that we have local stakeholders who support this endeavor beyond the workgroup meetings.

Identified strategies

The workgroups reviewed the strategies from the last meeting and then did some more strategizing based on the CDC criteria that were posted for consideration. At the end of the session, the group did a selection process to select the strategies they would like to have included in the plan.

There was no limit on the number of BLUE dots they could use, however each participant could use one dot per strategy if they liked it but not more than one dot per strategy. For round two, participants were give only two RED dots to vote for the two most important strategies.

The strategies are listed in order of number of votes.

Identified strategies

1. In all messages, address the “why” of eating and activity – not just “what” and “how much” (bio-psycho-social-cultural) **17 Red, 8 Blue**
2. Develop and distribute to physicians specific developmental age guidelines for patient/parent education. **8 Red 10 Blue**
 - Specific guidelines for specific developmental ages for physicians to address with patients parents (breastfeeding, juice, portion control, screen time ...)
 - (nutrition and fitness and emotional health)
 - develop guidelines
 - develop way to educate providers
 - develop and distribute material
3. Incorporate a behavioral/mental health assessment at every sphere of influence. **9 Red 15 Blue**

4. Develop a universal health message: for education consistency –5-A-Day; Family Meals; use same handout (school/clinic/insurance). **6 Red 13 Blue**
 - Ensure that community agencies exchange information to solidify universal educational messages.
5. Develop/Coordinate Healthy Community 2010 partnerships. **3 Red 8 Blue**
6. Encourage economic support for partnerships to implement medical insurance incentives for healthy behaviors and to discount insurance rates for companies with wellness programs. **2 Red 30 Blue**
 - Create funding incentives for: families/patients; employers; providers; nutritionist; education; wellness programs.
 - Economic top level/mgt. Support
 - Partnerships
 - Medical insurance incentives for healthy behaviors
 - Health benefit – evidence for return on investment
e.g. if BP increased can reduce cost by P.A.
 - “positive reinforcement”
 - partner with “power” (corporations, private business)
7. Develop a database for providers with community specific information about state, community, and federal programs. Maintain database and distribute information. **2 Red 17 Blue**
8. Develop educational campaigns that are “parent specific”. **2 Red 15 Blue**
9. Develop adolescent focus groups to assist in design of teen-targeted social marketing and programs. **1 Red 10 Blue**
10. Create a social marketing campaign for the public about preventive screenings and other healthcare issues combating obesity. **0 Red 21 Blue**
 - Develop and market a “Half to Go” Campaign or 2 meals in one – save money stay healthy.
11. Develop evidence based tool (lifetime) to drive treatment and referrals to allied professional care that is also reimbursed. **0 Red 13 Blue**
12. Provide convenient health care/preventionImprove access to mental health professionals. **0 Red 12 Blue**
13. Advocate for preventive reimbursement (including group visits) and mental health care coverage **0 Red 14 Blue**
14. Incorporate physical activity into educational curriculum to teach biology, anatomy, physics, and physiology, explain – nutrition and P.A. at developmentally appropriate levels (there may be an example in Wisconsin). **0 Red 14 Blue**

- Utilize educational program such as “Tar Wars: use national example which has a curriculum developed and a coordinated delivery system for obesity.
- 15. Create and distribute targeted message posters in exam rooms, (medical, dental) waiting rooms, community areas, churches, schools, pharmacies. **0 Red 8 Blue**
- 16. Educate providers about addressing “Idle Screen Time” at wellness visits. **0 Red 6 Blue**
- 17. Partner with fast food businesses to have healthy menu portions and provide physical activity meal companion incentives such as: ‘active-play toys’ and/or other physical activity tools such as color books, activity logs, etc. **0 Red 6 Blue**
 - Active Kid Meals
 - Coupons/score card miles for activity, coloring books
 - Recognize restaurants that show portion sizes, calories as models for other restaurants – e.g. Ruby Tuesdays, TGIF
- 18. Link healthcare providers/clinics/ programs with physical activity specialist, parks and recreation, and other fitness facilities. **0 Red 5 Blue**
- 19. Coordinate obesity prevention activities between “spheres of influence” groups. **0 Red 4 Blue**
- 20. Develop quality tools to measure Return on Investment – ROI – for providers. **0 Red 5 Blue**
- 21. Raise driving age to 18. **0 Red 5 Blue**
- 22. Provider Education ... encourages physicians to use more time to talk about Wellness. **0 Red 5 Blue**
- 23. Create a post-graduate medical Fellowship within Arizona using educational institution such as University of Arizona College of Medicine. **0 Red 5 Blue**
- 24. Develop a universal curriculum for the training of obesity specialists. **0 Red 3 Blue**
- 25. Through healthcare providers, physical activity and nutrition activities, programs and forums are provided in the community setting. **0 Red 3 Blue**
- 26. Provide individual/patient/family education through clinics. **0 Red 3 Blue**
- 27. Use Sesame Street, Barney, Out of the Box as model shows to increase physical activity – anticipatory guidance. Waiting room posters. **0 Red 1 Blue**

28. Design strategy to award Presidential Activity Award through schools, health provider, libraries, “miles programs”. **0 Red 1 Blue**

0 Votes

Make available a device to require manual generation of power for T.V. use

Parking Lot

Have a “kick-off” walk

Use grocery stores to market and educate about produce.

Have quality tools to measure Return on Investment – ROI – for providers.

0 Red 5 Blue

